

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/009336	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51		
2		1		1			52		
3		1		1			53		
4		1		1			54		
5		4		1			55		
6		4		1			56		
7		4		1			57		
8	1		1				58		
9		1		1			59		
10		1		1			60		
11		1		1			61		
12		4		1			62		
13		4		1			63		
14		4		1			64		
15		4		1			65		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.		1	2	1			TOTAL IND.		
TOTAL DEP.		1	3	1			TOTAL DEP.		
TOTAL CLAIMS			15				TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS